

DEPARTMENT OF LABOR JOB OPPORTUNITY HUMAN RESOURCES ASSISTANT HUMAN RESOURCES

PLEASE FOLLOW THE SPECIFIC APPLICATION FILING INSTRUCTIONS AT THE BOTTOM OF THIS PAGE!

Open To: Candidates on current exam list or lateral transfer

Location: 200 Folly Brook Boulevard, Wethersfield

Job Posting No: 583

Hours: Full-time (8:00 a.m. – 4:30 p.m.)

Salary: \$52,593 - \$68,262

Closing Date: September 30, 2013

Eligibility Requirement: Candidates must be on a current certification list promulgated by the Department of Administrative Services for this classification. State employees currently holding the above title or those who have previously attained permanent status may apply for lateral transfer.

Duties: Reviews application for minimum qualifications and participates in employment process; conducts employee orientation sessions; generates and coordinates processing of human resources transactions; participates in recruitment process; responds to inquires by gathering information and composing correspondence; utilizes human resources information systems to produce reports and summarize data; assists in agency performance evaluation process; may gather information and data for grievances and requests for information; may calculate seniority and longevity; may assist human resources professionals with special projects; may conduct research; performs related duties as required.

Note: The preferred candidate would have a working knowledge of CORE-CT and knowledge of Microsoft Word & Excel. Applicants who are not currently a state employee must start at the minimum salary

Application Instructions: Interested and qualified candidates who meet the above requirements should submit a State of Connecticut Application for Examination or Employment (CT-HR-12) and the Connecticut Department of Labor Pre-Authorization and Release form (immediately follows this job announcement) which includes a statement regarding the Guide to the Code of Ethics for Public Officials and State Employees. Current state employees are required to submit their last two service ratings and their last two years of attendance records (2012 & 2013). The CT-HR_12 can be downloaded from the DAS website at http://www.das.state.ct.us/cr1.aspx?page=13. Applications not received or postmarked by the above closing date will not be considered. Missing or incomplete application material will not be considered. Submit via mail to:

DEPARTMENT OF LABOR 200 FOLLY BROOK BOULEVARD WETHERSFIELD, CT 06109 FAX (860) 263-6699

If you are choosing to fax your application, it is not necessary to also send an original copy. Due to the large number of expected applicants we cannot confirm receipt of application materials. Not all individuals who apply will be granted an interview.

AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER

The State of Connecticut is an equal opportunity/affirmative action employer and strongly encourages the applications of women, minorities, and persons with disabilities.

CONNECTICUT DEPARTMENT OF LABOR

Pre-Employment Screening – Authorization and Release

Completion of this form is voluntary; however, if consent to obtain this information is not given, it may have an adverse effect on your employment opportunities with the Connecticut State Department of Labor.

Applicant's Name (Last, First, Middle):______

Mailing Address:	
Home Phone Number: ()	
furnish any relevant and necessary	understand that this constitutes my consent and authorization to disclose or information or records to the Department of Labor concerning my character, may be necessary for a determination of my suitability for employment with the abor.
measures to protect the aforemen	h the full knowledge and understanding that the Labor Department will take ationed information against unauthorized disclosure to any parties not having a ge of the official business of the Department.
not to employ me on account of co	rom any and all liability for damages resulting from a decision by the Department ompliance, or any attempts at compliance with this authorization, except for any providing false or misleading information or records about me.
A copy of this authorization shall be (12) months from the date of my sig	e as effective and valid as the original. This authorization shall be valid for twelve gnature.
Date Signed	Signature of Applicant
As a candidate being considered for the Code of Ethics for Public Official	employment at the Department of Labor, I have reviewed a copy of the Guide to s and State Employees.
Date Signed	Signature of Applicant
A copy of the Guide to the Code of	Ethics for Public Officials and State Employees may be obtained at the following

http://www.ct.gov/ethics/lib/ethics/guides/2012/public_officials_and_state_employees_guide_december_2012_rev.pdf

link:

^{**}Important note: Altered forms will NOT be accepted.